with the cavity just described, was a hard tumour, several inches in diameter, apparently composed of condensed cellular substance, with cartilaginous structure and osseous matter. This, together with the cavity already mentioned, constituted about one-fourth of the tumour. The remaining three-fourths, resembled in colour and consistence, the medullary substance of the brain, irregularly intermingled with cortical matter.

This mass was intersected by numerous membranous septa, formed probably originally of cellular substance. There were also numerous sinuses running in different directions, containing viscid sanies, and their walls formed of a dark-coloured membrane, apparently the inter-muscular fascia, much thickened.

The shaft of the bone was also extensively diseased. It was enlarged, spongy, and flattened, and had many small spiculæ projecting from it. It was fractured about four inches from the head, which I was informed happened after death, in attempting to move the limb. The extremities of the bone were sound, and the structure of the hip and knee-joints not in the slightest degree changed by the disease, although the tumour enveloped both.

Washington, D. C. May, 1830.

ART. II. *On the Use of the Warm Bath in Season Fever, commonly called "Bilious," "Bilious Typhus," &c. &c.* By THOMAS H. WRIGHT, M. D. Physician to the Baltimore Alms-house Infirmary.

WHILE those districts or localities in our vicinity, which are usually the principal theatres of autumnal fevers, were less visited by those diseases last fall, than hitherto, the cases of fever from season causes, admitted into the wards of the Baltimore Alms-house, in the months of September, October, and November, 1829, were more numerous, and of more grave character, than in former years. This seeming inconsistency is susceptible of explanation, in the fact, that the great public works, now in active operation around us, (rail-roads, canals, and works of a more local character, but of considerable magnitude, all recently undertaken,) have called together and concentrated in this neighbourhood, a new and large body of labourers of all classes, constitutions, and habits. Emigrants from Europe just landed on our shores, and full of the constitutional elements of febrile elaboration in a new climate—the mechanics of our towns and vil-

lages, accustomed to shelter from the weather—and the farmer from higher and healthier regions of the country, have all rushed together on the line of these public works, to encounter the vicissitudes of season, and all the evils of exposure, in situations hitherto avoided at one period of the year, as the peculiar theatres of pestilence and death.* But it is not alone exposure to the sun, and rains, and dews, and noisome exhalations of our sickly season, that rendered those works the fruitful sources of disease. Hard work, hot suns, chilling damps, &c. have done their part in producing febrile ferment; yet greater and more serious has been the preparative operation of other causes connected with the prosecution of those works, on the health of those engaged in them. Hard drinking, gross and unwholesome food, the foul hovels in which multitudes herded together at night, and the prevalence of licentiousness and debaucheries of every kind, these are the causes which rendered climate influences so sure, and their consequences so terrible, to the class of persons described, and which filled all the asylums of the homeless sick, in this community, with the subjects of season fever, in all its forms and complications.

It is not the design of this communication to describe in detail the characters or treatment of the fever in question. The subject is introduced mainly for the purpose of submitting to the profession, the general result of a course of management, worthy of notice for its simplicity, and of value on that account, if at the same time, the evidence is satisfactory, that it was equally successful, with any other plan of treatment that could have been employed. To keep this question as much as possible free of all appearance of partial representation, I have abstained from offering any opinions or inferences of my own on the subject, and have asked of the respectable young medical gentlemen who resided in the house, and personally carried on the detail of treatment, answers to certain queries, comprehending every thing important or illustrative in relation to the course pursued. A just confidence in the liberality of the profession, forbids the anticipation of any objection to the report of the class of students, on the ground that their answers may wear a complexion more of courtesy to my wishes, than of conviction on their own part. It is not from apprehension of such objection, but from my own sense of propriety, I take occasion to remark, that when the queries were addressed to them, they were requested to frame their answers by the independent and unbiassed dictates of their personal experience and observation. To

* The works referred to, traverse for the most part alluvial districts, and keep as much as possible the ravines of our inland rivers and streams.

another objection which might suggest itself, to even the most liberal and candid, in reference to those answers; namely, that coming from students of medicine, they want the sanction of age, experience, and capacity for discrimination. To such objection I may state, that the respondents are young gentlemen of talents, zeal, and discretion, worthy the science they cultivate; have been long—two and three years—engaged in the study of their profession; have been trained therein by able public teachers and private instructors; and are familiar with the opinions of books and men, on the pathology and treatment of the diseases, about which they offer the evidence of their own experience.

A copy of the following queries was handed to each of the resident students of the Baltimore Alms-house.

To R. J. Thompson, *Senior Student of the Baltimore Alms-house.*

Sir—Do me the favour to answer, as briefly, yet explicitly as possible, and entirely according to your experience and belief, the following queries.

T. H. WRIGHT.

December 1st, 1829.

1st. In the numerous cases of season fever, remittents, or the same, fallen into the continued type, which came into our wards during the past summer and fall, what single mean of treatment, seemed more than any other, to allay constitutional irritation, regulate temperature, quiet the tumult of the vascular system, tranquillize and comfort the patient, prepare for the beneficial effects of medicine, and thus predispose to convalescence?

2d. What manner of topical address did you find most efficient in abating and extinguishing gastric, hepatic, and cephalic derangements, complicated in various forms and intensity, with the cases of constitutional (season) fever above mentioned?

3d. What class or form of medicinal agents, appeared best to fulfil the indication of quieting irritation in the gastric system, and as sedatives, or febrifuge means, promoting the gradual extinction of fever?

4th. Of the cases of season fever, acute, congestive, typhoid, &c. with various complications, treated by you on the general plan indicated by the answers to the preceding questions, what proportion recovered?

5th. Of those that recovered, what proportion were treated by mercury, or took mercury at all in any form?

6th. Of the cases of the fever in question, that were brought to us under full mercurial action, what influence did the constitutional impression of that agent seem to have exerted over the characteristic form of fever?

7th. Did salivation in those cases, appear to have prepared the system for the solution of season fever; did those cases recover more promptly and perfectly, than others where mercury had not been taken?

8th. Did you know of any instance of season fever, treated in our wards, where the warm bath, however frequently repeated, seemed to relax or depress dangerously, or produced any bad consequence?

Answers to the foregoing queries. By R. J. Thompson, *Senior student.*

To Quere 1st.—"The warm bath.

2d.—"Liberal cupping.

3d.—"Mild febrifuges, (aperients of neutral salts and magnesia, and saline diaphoretic mixtures,) with acidulous and diluent drinks exhibited ad libitum.

4th.—"Of fifteen decidedly marked cases, excluding many less violent, three died. One of these was brought in moribund, another was deeply affected by icterus, the third was labouring under the low grade of fever, complicated with severe syphilitic disease.

5th.—"I administered mercury to two cases only: one of those was mentioned above as being complicated with icterus. The other case appeared to be benefited by calomel, combined with other purgatives, and it was thus exhibited.

6th.—"The 'mercurial action' appeared to have aggravated constitutional (febrile) irritation.

7th.—"Salivation did *not* appear to have prepared the system for the solution of the season fever; and in the cases most vividly in my remembrance, it seemed to have rendered the cure more embarrassing.

8th.—"I remember no such case; but on the contrary, believe I had reason always to felicitate myself upon its employment. Its use was looked upon by all the resident students as highly necessary in our mode of treatment."

Answers to the same. By A. F. Glassell, *Resident student.*

To Quere 1st.—"The warm bath.

2d.—"Cups and blisters, especially cups.

3d.—"Diaphoretics, (with aperients, magnesia, Epsom salt, carbo ligni.) The alkaline salts in combination with the vegetable acids, generally in the form of the neutral mixture.* Acidulated drinks freely.

4th.—"I treated eight severe cases with the remedies above indicated; seven of them recovered.

5th.—"Not one of those who recovered took mercury in any form. I treated one patient with calomel, (in purgative and febrifuge doses,)—he died.

6th.—"Mercurial impression protracted fever by augmenting the irritability of the system.

7th.—"In no instance did the state of salivation appear to prepare for a favourable crisis, and always delayed recovery.

8th.—"The warm bath never, to my knowledge, produced dangerous debility. Some patients expressed the sensations produced by the bath as pleasurable, and requested its repetition. All felt relieved.

* Lemon juice saturated with subcarbonate of potash, sugar, water, and one grain of tartar emetic to four ounces of the mixture.

Answers to the same. By A. L. WARNER, M. D. *Resident student.*

To Quere 1*st.*—"The warm bath.

2*d.*—"Cupping freely.

3*d.*—"Carbon and carb. magnesia in purgative doses. Neutral mixture. Warm antimoniated lemonade.

4*th.*—"Twenty-three cases of season fever, with gastric, and other complications, were treated by me, of which number three died. Two were delivered to us in nearly the dying state.

5*th.*—"I did not administer mercury in any case.

6*th.*—"Aggravated the gastric symptoms, and rendered the condition of the patient more embarrassed and distressing.

7*th.*—"The 'mercurial impression' appeared to postpone convalescence.

8*th.*—"The warm bath did not in any instance exhaust or depress injuriously. The patients uniformly expressed great improvement in their feelings, and in many cases spontaneously solicited its repetition."

This paper is in no respect controversial. The whole design of the communication is expressed in the remark before made, "that it was intended to submit to the profession the result of a plan of treatment in some bad forms of fever, (from season causes,) valuable for its simplicity—if found to be successful." I have offered the best evidence on that head which the nature of the subject admits.

Neither is it contemplated by this report to decry the employment of mercury in fevers, when the form of the disease, and the constitutional or pathological circumstances, are adapted to its use. I know, and appreciate highly, the value of the mean in question. In inflammatory, or congesto-inflammatory diseases, when it is indicated to lower the grade of excitement, and avert or abolish embarrassments of important structures, mercury, (in alliance with the lancet,) by its relaxing dominion over the vascular functions, is capable of accomplishing results, alike great and salutary. And again, when diseases of the class described, prolonged into a more chronic form, have impressed derangements of structure and office, the same agent is often capable gradually to dissolve such derangements, and restore both the part and the constitution to healthful reaction. But it is not, (I conceive,) in any of the forms of constitutional fever, characterized at once by weakness and tumult, or complicated with strong pathological developments—profound irritative disorder—in the vital and assimilating functions, that the decided relaxing impression of mercury is often either necessary or safe. Neither in such cases is the accumulative excitant influence of its continuous, though less full exhibition, likely to ensure a salutary crisis.

The following communication from Doctor A. L. WARNER, is appended to show in general the character of the fever to which the preceding questions and answers apply:—

"*Alms-house, December 20th,* 1829.

"Doctor T. H. WRIGHT,

"*Dear Sir*—You requested me to furnish a statement of the number of cases treated for season fever in the house, during the past summer and autumn, which I have neglected to this time, and must urge as apology, many intervening engagements.

"I have consulted the register of the house, as to the number, and by the assistance of memory, with my notes, I am enabled to descriminate the type.

"The number of violent cases of the fever, termed by us, gastric fever, was *thirty-five*—of the less violent cases, eighteen—together, fifty-three. Eleven cases proved fatal, *seven* of which cannot be said to have been treated, as they were brought to the house scarcely alive.

"The prominent feature of this disease was great irritation of the vascular, gastric, hepatic, enteritic, and encephalic systems. One of two conditions appertained in all the urgent forms of this disease. Either great restlessness, or a total listlessness of all surrounding objects, the patient in the latter case, lying on the back, eyes closed, and mouth wide open.

"*Symptoms.*—Supersensitiveness over the abdomen, particularly in the epigastrium; great nausea often; sometimes spontaneous vomitings.* Face flushed, (sometimes deep sallow,) and countenance anxious; respiration deep and slow, or short and hurried; tongue dry, and covered with a brown sordes, with deep red edges and tip; pulse, according to the stage, full, large, slow, quick, indistinct, but never the firm corded pulse of true phlegmasia, establishing an important pathological fact, that the tense corded pulse belongs to inflammatory derangement in the serous and fibrous tissues; the free soft pulse, (with fever,) to irritation in the mucous membranes; coma, more or less profound, was common; sometimes fretfulness of mind, and tossing from side to side. In several cases, supersensitiveness all over the body, but particularly along the muscles on the posterior part of the neck.

"Extensive spontaneous sloughing† was established in the early stage of the disease in some cases; in others, various cutaneous eruptions burst forth.‡

"*Treatment.*—Warm bath; mild purgatives, (carbon, and carb. magnesiæ,

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* Deep green or blackish viscous matter, sometimes in large quantity, was passed by vomiting and stools, and found in the stomach and bowels of those dying of the fever.—W

† Patches of surface inflammation, (erythemoid,) were very common in the fever described, often occurring to parts affected by pressure in lying, but frequently also in seats not influenced by pressure, the top of the shoulder, the forearm, and feet. These partial inflammations often ended in extensive, sometimes deep sloughing, "erythema gangrenosum."—W.

‡ Erythematic and urticarious rashes, (lichen,) purpura, and blebs, or phlyctenæ, often large, especially on the abdomen, and filled with bloody serum.—W.

and Epsom salt, the former mainly,) neutral mixture, lemonade, and cups, (to the abdomen and head,) and if resorted to timely, was almost specific for gastric and constitutional irritation. I am aware you ascribe most importance to the warm bath, of the value of which I had daily proofs, but if restricted to any one prescription, I should select the carbonaceous and magnesian purgative, from the fact that many of the less violent cases, decidedly gastric, were promptly relieved by this medicine, with acidulous drinks. As to the severity of this disease, there can be no doubt. I have been raised in a section of our city, where season fevers annually prevail with great violence, but never before saw the disease in so dreadful and terrific a form as in our wards, during the past fall.

"One point of the pathology of the disease, (frequently referred to by you, when indicating the phenomena of the cases,) is doubtless correct, to wit, spinal and cerebro-spinal developments, (irritation, congestion, and tendency to infiltration,) in the tunics of the medulla oblongata and spinalis. But that result, (as you suggest,) attends the mature stage of the disease, and appears to be often a consequence of irritation propagated from other seats; the nervous system of the gastro-intestinal membrane. Daily recurrence to the symptoms in some of the most violent cases, suggests the fact of spinal embarrassment; for instance, embarrassed breathing was a promiment feature in the urgent forms, often at an early period. Spasms of the muscles of the neck, shoulders, and arms, was another common symptom. Hiccough* was another feature of the disease, which some may regard as the consequence of gastric irritation, but I presume it may indicate irritation at the root of the respiratory system of nerves, (par vagum, phrenic, and accessory,) for if attributable solely to the former cause, it should be an earlier and more uniform attendant. If expression is dependent on nervous influence, anxiety and disorder of countenance affords another argument. This, with jactitation, and unconscious shrugging of the shoulders, strongly import spinal irritation.

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* *Hiccough.*—A robust man was brought into the Infirmary, with the following symptoms.—Partial stupor, sensible when roused, but generally dozing, and indifferent to every thing. Face dark-red suffusion; tongue deep-flesh red, dry polish on the surface, could with difficulty, from dryness, be in part put out. Surface of the body dry, cold; pulse small, thready, not very quick. This man had, every minute, convulsive hiccough, so strong as to jerk his whole body, and to ring through the ward with a loud echo. The hiccough frequently raised into his mouth, and forced him to discharge by an act, partly of spitting and vomiting, a green slimy matter resembling the juice of fresh masticated leeks or grass. He was treated by the warm bath, cups to the epigastrium, blisters, renewed over and around the region of the stomach; internally, the free exhibition of carbon and magnesia, and the effervescing draught with a few drops—five at a dose—of tinct. opii. The hiccough lasted without intermission, for two days, slowly decreasing in force; then intermitted for some hours, and was renewed more weakly, until the evening of the third day, when it ceased altogether, and the man got rapidly well. Increasing the dose of magnesia was found to exert decided abating controul over the hiccough, and when it purged freely, all the symptoms were relieved. The stools for three days were black green.—W.

"In stating the above number of cases, I have been confined to those distinguished by prominent gastric symptoms. The milder cases, intermittents of the regular or complicate form, by the register, exceed one hundred, all of which have recovered, or are now convalescent. Twenty-two of these cases, more or less complicated when admitted, with visceritis, (subacute,) were treated by myself. Of this number, not one was put on the use of any of the mercurial preparations. The treatment was local and constitutional; cups and blisters repeated in many cases. General treatment, repeated moderate purging, vomiting, and diaphoresis; bland drinks, and simple farinaceous food. When a tonic was employed, it consisted of sulphate of quinine, combined with an alkali, which in most instances kept up a gentle action of the bowels.

"I have appended an outline of Oliphant's case.—Peter Oliphant, (labourer on the rail-road,) was admitted into this house, Sept. 10th.—State when admitted, partly comatose, countenance sallow; deep and slow inspiration. Head somewhat retracted, spasmodic shrugging of the shoulders, and twitching of the muscles of the face and neck; pulse small and weak, not frequent. The integuments on the back of the neck and between the shoulders, red and puffy; great sensibility, (shrinking,) to pressure over the surface of the body, particularly on the back of the neck. On raising this man up, (to examine the neck and back,) after he had been in bed a few hours, a perfectly limpid fluid ran from both ears, amounting in quantity to a drachm; a circumstance the more remarkable, as there was nothing like moisture on the surface of the body.

"This case you pronounced to be season fever in its mature stage; in which arachno-spinitis was fully developed. The state of the patient when admitted did not allow a hope of recovery; he was attended to carefully—but died in a few days.

"Dissection twelve* hours after death. An incision was made in the course of the spine from the occiput to the sacrum, when the nature of the infiltration in the back was explained. Diffuse inflammation of the cellular tissue, had ended in suppuration, and the skin of the back was extensively detached by a puriform fluid amounting in quantity to many ounces. The spinal canal was then opened. The dura mater of the spinal chord was extensively separated, and loaded by effusion;† blood was extravasated at many points, especially about the roots of the intervertebral, (cervical and dorsal,) nerves.‡ The whole spinal chord was enveloped in a web of congested vessels; and small vessels finely injected could be seen abundantly traversing the nerves after their exit from the spine.

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* Instructions had been given, that shortly after death the subject should be turned on the face, to prevent as much as possible, the state of the cerebro-spinal membranes from being disguised by post mortem infiltrations.—W.

† Two or three large vesicular formations, (bullæ,) of the arachnoid coat, were strikingly prominent on the cervical tract of the chord.—W.

‡ The roots of all the cervical nerves, (those of the spine,) were covered by a clot of blood extravasated into the cellular tissue of the chord. The ligamentum denticulatum was strongly dyed—(blackened)—by the same infiltration.—W.

"Encephalon—Base of the brain enveloped in fluid.* All the tunics of the brain, the arachnoid particularly, tinged red, and their vessels minutely injected.—Stomach—Mucous coat studded with deep red patches."

Baltimore, Dec. 1829.

ART. III. *Case of Elephantiasis of the Scrotum successfully extirpated.* By W. H. RUAN, M. D. of St. Croix. (Communicated in a letter to JOHN RUAN, M. D. of Philadelphia.)

THE following case will probably be considered interesting, especially from the enormous size of the mass extirpated.

The subject of the operation was a negro lad, about nineteen years of age, named Moses, living on the estate La Grange, the property of the heirs of Count Schimmelmann. He had been afflicted, from his early boyhood, by repeated attacks of an erysipelatous inflammation of the scrotum, penis, and surrounding skin and cellular substance, which very soon produced an elephantiasis of those parts. This enlargement continued to increase, and to spread further on the inferior part of the abdomen, on both groins, and on the upper, anterior, and interior surfaces of both thighs. The growth of the tumour was said, by those who were in the habit of observing it almost daily, to have been most rapid during the twelve months immediately preceding the operation. At the time when I was requested to examine the case, the tumour presented a most unwieldy mass of a globular form, reaching three or four inches below the knee-joint, of a diameter of eighteen or twenty inches, and possessing distinctly all the external characteristics of elephantiasis. These last have been so well and so frequently described by authors on the diseases of tropical climates, that I need not here enumerate them. The diseased prepuce, enlarged to the size of a goose's egg, and of an irregular cauliflower appearance, was situated nearly in the middle of the anterior surface of the tumour. No other trace of a penis was perceptible. This organ, as well as the testes, were imbedded so deeply in the body of the tumour, that they could not be felt by the hand. The spermatic cords, however, could be distinguished, by grasping the part very firmly high up; and I felt convinced, by an attentive examination, as well

* When the theca vertebralis was opened just behind the great occipital hole, a watery fluid rushed out of the cranium—to the, (apparent,) amount of four or five ounces.—W.